

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34566**

FILED SEP 17 1957

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>6152</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter, Mo. Liberty Twp</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chaffee, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sam Davis Hospital</u>				1000			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>		b. (Middle) <u>Butts</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>8-25-1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-13-1886</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W. M. McCarm</u>		13b. MOTHER'S MAIDEN NAME <u>Delia Wells</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer Butts</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Butts-Rt. #2, Chaffee, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Glomerulo Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  593x		INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u> <u>10 years</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>8-15-</u> <u>1957</u> , to <u>8-25-</u> <u>1957</u> , that I last saw the deceased alive on <u>8-25-</u> <u>1957</u> , and that death occurred at <u>8:30 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dickson</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Sam Davis Hosp., Dexter, Mo.</u>		23c. DATE SIGNED <u>9/6/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-27-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dickson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harm, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-14-57</u>		REGISTRAR'S SIGNATURE <u>Delma H. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. McNeill</u> ADDRESS <u>Peabody, Ark.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*H. G. McNabb*

Licensed Embalmer No. *660*

P. O. Address \_\_\_\_\_

*Protonter Ark*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.